

Physicians Health Program Message

PHP: Rescuing the Wounded Healer – Pt. II

By Roland W. Gray, MD

While care is individualized for each client, the PHP (Physicians Health Program) offers help in seven major areas:

ALCOHOL & DRUGS

At some point in their careers, between 10 and 15 percent of doctors will be impaired by alcohol or mood-altering drugs to the point it will impair their ability to practice medicine. The incidence of alcohol and drug addiction is not decreasing; consistently, a little over half of PHP referrals involve substance use or abuse. We rarely see a pure alcoholic these days – hydrocodone is the drug of choice for most health professionals; the second most commonly-abused drug by physicians is tramadol, which is a nonscheduled drug but still has abuse potential due to its mechanism of action.

I believe there are three factors that create an environment for physician dependency – access, unrealistic expectations, and convenience. Physicians have easier access to narcotics; access creates opportunity and opportunity often leads to addiction. Our patients look up to us and sometimes we expect the same level of perfection from ourselves, and of course, we can never live up to that standard. We doctors also have a hard time asking for help – we are the ones who are supposed to have all the answers.

Physicians who wind up “treating” themselves or medicating their problems have the proverbial “fool” for a patient, but at that point, they are too entrenched in the habit to see it. Most of the time, it takes the care and courage of a colleague, friend or family member to help them change this destructive course they have taken.

DISRUPTIVE BEHAVIOR

Physicians are increasingly “acting out;” the incidence of disruptive behavior has



grown but fortunately, so has reporting of these incidents. Causes can range from increasing frustration as physicians lose autonomy in their practices, to a backlash against mental and verbal abuse suffered during medical school and training.

These angry, frustrated or wounded doctors can exhibit a pattern of behavior that includes:

- Abusive language;
- Threatening or filing a lawsuit;
- Threatening physical contact – this can include sexual contact;
- Creating medical or legal dangers for the hospital, staff and patients – making derogatory public comments about the quality of care provided by others, writing inappropriate medical record entries or legally damaging progress notes on the care a patient receives; and
- Failing to develop harmonious relationships with others on the healthcare team.

Unfortunately, many disruptive doctors do not seem to learn from their mistakes because they cannot admit they have made one and are therefore unable or unwilling to change their behavior. These physicians have significantly more complaints and ultimately, more lawsuits filed against them. Many times, it takes action from the highest level of authority, such as a medical executive committee or board of trustees, before these healers are willing to accept the need for change.

MENTAL / EMOTIONAL PROBLEMS

With all their medical training and education, many doctors seem to be in the dark ages when it comes to accepting and admitting their own struggles with mental or emotional illness; the stigma is still there, perhaps because of who they are supposed to be – health professionals who know how to be healthy. Or it could be due to the consequences of seeking help. According to a July 2003 *New York Times* article, “Doctors’ Toughest Diagnosis: Own Mental Health,” these doctors are driven underground because there is a real chance it will hurt their career.

In Tennessee, that is not the case. When doctors seek mental health treatment or receive an Axis I diagnosis for major depression or bipolar disorder, the PHP is there to help get them back on track before the State Board of Medical Examiners gets involved. PHP gets them connected with therapists, psychiatrists and support groups; they meet regularly with me or our field coordinator, and we monitor their progress as they work their way back to mental and emotional health. ■

In Pt. III, Dr. Gray will continue examining problem areas and the help TMF offers to physicians. Reprinted with permission from the Physician Insurer Magazine, 2nd quarter, 2007.

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